

SC DEPT OF HEALTH AND HUMAN SERVICES
DENTAL MEDICAID PAYMENT SCHEDULE
EFFECTIVE FOR DATES OF SERVICE 04/01/2009
* M = MANUAL PRICING

PAGE 1

Proc	Mod	Payment Rate
D0120	00	\$23.40
D0140	00	\$38.34
D0150	00	\$40.94
D0220	00	\$13.65
D0230	00	\$11.05
D0240	00	\$20.15
D0270	00	\$13.00
D0272	00	\$20.15
D0330	00	\$53.29
D1110	00	\$43.54
D1120	00	\$29.90
D1203	00	\$16.90
D1204	00	\$16.90
D1206	00	\$16.90
D1351	00	\$24.05
D1510	00	\$154.68
D1515	00	\$204.07
D2140	00	\$64.99
D2150	00	\$84.49
D2160	00	\$102.03
D2161	00	\$124.13
D2330	00	\$72.79
D2331	00	\$92.29
D2332	00	\$113.08
D2335	00	\$133.88
D2391	00	\$85.14
D2392	00	\$111.13
D2393	00	\$137.78
D2394	00	\$168.97
D2930	00	\$134.53
D2931	00	\$152.08
D2932	00	\$162.48
D2934	00	\$134.53
D2940	00	\$51.34
D2950	00	\$128.68
D2951	00	\$29.25
D2954	00	\$162.48
D3220	00	\$87.09
D3310	00	\$368.49
D3320	00	\$450.38
D3330	00	\$581.66
D5110	00	\$701.24
D5120	00	\$701.24
D5211	00	\$592.06
D5212	00	\$687.59
D5510	00	\$76.69

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

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PAGE 2

Proc	Mod	Payment Rate
D5520	00	\$63.69
D5610	00	\$83.19
D5640	00	\$70.19
D7111	00	\$55.24
D7140	00	\$73.44
D7210	00	\$119.58
D7220	00	\$150.13
D7230	00	\$199.52
D7240	00	\$233.96
D7241	00	\$294.40
D7250	00	\$126.08
D7270	00	\$254.11
D7280	00	\$216.42
D7285	00	\$451.68
D7286	00	\$204.07
D7410	00	\$443.88
D7411	00	\$758.43
D7412	00	\$842.92
D7413	00	\$572.56
D7414	00	\$851.37
D7415	00	\$913.11
D7440	00	\$783.78
D7441	00	\$1,218.56
D7450	00	\$443.88
D7451	00	\$697.34
D7460	00	\$443.88
D7461	00	\$714.89
D7465	00	\$253.46
D7510	00	\$133.23
D7520	00	\$634.30
D7530	00	\$228.76
D7550	00	\$157.93
D7670	00	\$582.96
D7671	00	\$1,098.98
D7770	00	\$1,179.57
D7771	00	\$909.86
D7910	00	\$202.77
D7911	00	\$506.92
D7912	00	\$912.46
D9220	00	\$192.00
D9230	00	\$26.00
D9241	00	\$136.48
D9248	00	\$70.00
D9420	00	\$75.00
D9920	00	\$55.00
D9999	00	M

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